



Iowa Department of Natural Resources
Underground Storage Tanks Section
502 East 9th Street
Des Moines, IA 50319-0034

Iowa DNR – UST Section Notification of Intent to Install

The licensed installer and the owner or operator must notify the Iowa Department of Natural Resources (DNR) of their intent to install an underground storage tank (UST) or product piping **at least 30 days prior to installation**. This notification requirement applies to all USTs that will contain a petroleum or hazardous substance. Contact the local Fire Department to ensure all the necessary local requirements and permits are met.

All UST systems must meet the technical requirements of 567--Chapter 135.15 (455B) of the Iowa Administrative Code (IAC). **UST systems installed after August 1, 2007 must have secondary containment.** You may request exemption from secondary containment if the system is more than 1,000 feet from a public water distribution system.

After installation of the UST system, you have 30 days to submit a registration form to the DNR along with appropriate fees. A copy of the registration form can be obtained from the DNR UST Section or the DNR's website: <http://www.iowadnr.gov/land/ust/ustprofindex.html>. There is an additional \$250 fee for failing to register a tank within the 30 days after installation is complete.

Proof of financial responsibility to address environmental contamination and third party liability resulting from the operation of the tank system is also required. This is usually in the form of pollution liability insurance certificate. Methods for satisfying the financial responsibility requirement are discussed in 567--Chapter 136 (455B) of the IAC. A copy of your proof of financial responsibility (i.e., a copy of the certificate of insurance) must be submitted before tank tags are issued and the USTs are allowed to operate.

UST FACILITY			
DNR Registered Site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registration No:	LUST No (if applies):
Site Name:			
Address:			
City:	ZIP:	Phone:	
This site is: <input type="checkbox"/> Always Staffed <input type="checkbox"/> Always Unstaffed (card- or key-trol) <input type="checkbox"/> Staffed only during operating hours			
Tank Use: <input type="checkbox"/> Petroleum Retail Sales <input type="checkbox"/> Non-Retail Sales <input type="checkbox"/> Government <input type="checkbox"/> Farm/Residential <input type="checkbox"/> Emergency Power			
Method of Financial Responsibility for USTs (i.e., insurance, self –assurance, etc):			

UST SYSTEM COMPONENTS			
Date of installation:	No of tanks being Installed:	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	
UST System Components to be installed (check one): <input type="checkbox"/> Tanks and Piping <input type="checkbox"/> Tanks Only <input type="checkbox"/> Piping Only			
Contents: <input type="checkbox"/> Petroleum (gasoline, diesel, jet fuel) <input type="checkbox"/> Hazardous Substance: <input type="checkbox"/> Other:			
Overfill Prevention: <input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm at Tank <input type="checkbox"/> Ball Float ¹			
Spill Protection Equipment (Size of Catchment Basin):			

PRODUCT DELIVERY	
<input type="checkbox"/> Pressurized <input type="checkbox"/> Suction <input type="checkbox"/> Safer Suction	
If pressurized, will piping leak detection feature positive shutdown of submersible turbine pump? <input type="checkbox"/> Yes <input type="checkbox"/> No	

¹ Ball float valves may not be installed on suction delivery systems or emergency generator tanks or systems with coaxial vapor recovery, remote fill or that require pumped transfer of product

OWNERSHIP OF TANKS

Owner Name (Corp., Individual, Agency):

Contact:

e-mail:

Street Address:

Phone:

City:

State:

ZIP:

FAX:

Owner Type: ☐ Private or Corp ☐ City ☐ County ☐ State ☐ Federal ☐ School ☐ Indian Trust Land**SITE OPERATOR**

Name (Corp., Individual, Agency):

Contact:

e-mail:

Street Address:

Phone:

City:

State:

ZIP:

FAX:

STAGE 1 VAPOR CONTROL

Required on all gasoline dispensing facilities exceeding 100,000 gallons average over 30-day period). Identify type of Vapor Control: ☐ Dual Point ☐ Single Point ☐ Manifolded ☐ Stage 1 not required for this site

IOWA LICENSED INSTALLER

Name:

License ID No:

Company:

e-mail:

Address:

Phone:

City:

State:

ZIP:

FAX:

MAP OF TANK LOCATION

Provide the tank location plotted on a 1:24,000 scale USGS topographical map or coordinates obtained by a Global Position System (GPS) with 2 meter accuracy. If you want to use another method of showing the location of the tanks, please contact the UST Section.

GPS MEASUREMENT

GPS Unit used:

Accuracy of measurement (meters):

X coordinates in UTM, NAD 27:

Y coordinates in UTM, NAD 27:

Measurement taken at: ☐ Tank Location ☐ Other (*describe*) :